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10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 800-2019-060962

14 **QUEZALSOL FELIPE**
15 **CHACON-LOPEZ, M.D.**
16 **Patty Mapples Em Dept.**
4647 Zion Ave.
San Diego, CA 92120-2507

A C C U S A T I O N

17 **Physician's and Surgeon's**
18 **Certificate No. A 107435,**

Respondent.

21 **PARTIES**

22 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
23 as the Executive Director of the Medical Board of California, Department of Consumer Affairs
24 (Board).

25 2. On or about April 29, 2009, the Board issued Physician's and Surgeon's Certificate
26 No. A 107435 to Quetzalsol Felipe Chacon-Lopez, M.D. (Respondent). The Physician's and
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
28 herein and will expire on October 31, 2022, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

5. Section 2234 of the Code, states:

The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

(1) An initial negligent diagnosis followed by an act or omission medically

appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"..."

6. Section 2266 of the Code states:

The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

7. Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

COST RECOVERY

8. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

1 (e) If an order for recovery of costs is made and timely payment is not made as
2 directed in the board's decision, the board may enforce the order for repayment in any
appropriate court. This right of enforcement shall be in addition to any other rights
the board may have as to any licensee to pay costs.

3 (f) In any action for recovery of costs, proof of the board's decision shall be
4 conclusive proof of the validity of the order of payment and the terms for payment.

5 (g) (1) Except as provided in paragraph (2), the board shall not renew or
6 reinstate the license of any licensee who has failed to pay all of the costs ordered
under this section.

7 (2) Notwithstanding paragraph (1), the board may, in its discretion,
8 conditionally renew or reinstate for a maximum of one year the license of any
9 licensee who demonstrates financial hardship and who enters into a formal agreement
with the board to reimburse the board within that one-year period for the unpaid
costs.

10 (h) All costs recovered under this section shall be considered a reimbursement
11 for costs incurred and shall be deposited in the fund of the board recovering the costs
to be available upon appropriation by the Legislature.

12 (i) Nothing in this section shall preclude a board from including the recovery of
the costs of investigation and enforcement of a case in any stipulated settlement.

13 (j) This section does not apply to any board if a specific statutory provision in
14 that board's licensing act provides for recovery of costs in an administrative
disciplinary proceeding.

15 **FIRST CAUSE FOR DISCIPLINE**

16 **(Gross Negligence)**

17 9. Respondent has subjected his Physician's and Surgeon's Certificate No. A 107435 to
18 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
19 the Code, in that he committed gross negligence in his care and treatment of Patient A,¹ as more
20 particularly alleged hereinafter:

21 **Patient A**

22 10. On or about June 27, 2017, Patient A called the Kaiser call line and reported having
23 back pain and right hip pain following a fall in December 2016. Patient A reported that her lower
24 back pain radiated to her right hip. O.S., M.D. noted that Patient A had "no saddle anesthesia, no
25 urinary or fecal incontinence, no distal numbness or muscle weakness." O.S., M.D. diagnosed
26

27 ¹ References to "Patient A" are used to protect patient privacy.
28

1 Patient A with sciatica and prescribed prednisone² 20 mg orally twice a day for five (5) days and
2 Norco³ 5/325 mg orally every six (6) hours as needed for severe pain for 20 tablets.

3 11. On or about June 30, 2017, Patient A was in severe pain and went to Sharp
4 Grossmont Hospital by ambulance. E.H., M.D. treated Patient A, discharging her at
5 approximately 3:16 p.m. with the diagnosis of left hip pain and a prescription for Robaxin⁴ 750
6 mg 2 tablets, three times daily for seven (7) days for a total of 42 tablets for muscle pain. Patient
7 A then contacted the Kaiser call center, requesting an urgent follow-up appointment, stating that
8 she is unable to work due to the pain. Patient A's appointment was scheduled for July 3, 2017.

9 12. On or about July 2, 2017, Patient A first presented to the emergency department at
10 Kaiser Zion Medical Center in San Diego. At the time of this visit, Patient A was a sixty-one (61)
11 year-old female, with a history of childhood tracheostomy,⁵ asthma, alcoholic cirrhosis,⁶ diabetes

14 ² Prednisone is a steroid, which can be used to treat many diseases and conditions,
15 especially those associated with inflammation.

16 ³ Hydrocodone APAP (Vicodin®, Lortab® and Norco®) is a hydrocodone combination of
17 hydrocodone bitartrate and acetaminophen which was formerly a Schedule III controlled
18 substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous
19 drug pursuant to Business and Professions Code section 4022. On August 22, 2014, the DEA
20 published a final rule rescheduling hydrocodone combination products (HCPs) to schedule II of
21 the Controlled Substances Act, which became effective October 6, 2014. Schedule II controlled
22 substances are substances that have a currently accepted medical use in the United States, but also
23 have a high potential for abuse, and the abuse of which may lead to severe psychological or
24 physical dependence. When properly prescribed and indicated, it is used for the treatment of
25 moderate to severe pain. In addition to the potential for psychological and physical dependence
26 there is also the risk of acute liver failure which has resulted in a black box warning being issued
27 by the Federal Drug Administration (FDA). The FDA black box warning provides that
28 "Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver
transplant and death. Most of the cases of liver injury are associated with use of the
acetaminophen at doses that exceed 4000 milligrams per day, and often involve more than one
acetaminophen containing product."

24 ⁴ Robaxin (Methocarbamol) is a muscle relaxant, which can be used to treat muscle
25 spasms and pain.

26 ⁵ Tracheostomy is a hole that surgeons make through the front of the neck and into the
27 windpipe (trachea).

27 ⁶ Alcoholic cirrhosis is the destruction of normal liver tissue.

1 mellitus⁷ with peripheral neuropathy,⁸ diabetic ulcers,⁹ hypertension,¹⁰ and chronic hepatitis C.¹¹
2 Upon Patient A's arrival at approximately 4:41 p.m., she was triaged by M.W, RN, with the chief
3 complaint of right hip pain for three (3) days with no reported trauma. Patient A's vitals on
4 arrival were temperature of 98.1 degrees Fahrenheit, blood pressure of 150/99, heart rate of 97,
5 respiratory rate of 20, 99% on room air, and 8 out of 10 on the pain scale of 1 to 10 (with 10
6 being highest level of pain) in the right trochanter region¹² with mild distress noted. At
7 approximately 4:45 p.m., Respondent was assigned as Patient A's physician.

8 13. On or about July 2, 2017, Resident M.L., M.D. documented Patient A's history as
9 "right low back pain radiating to hip and her foot. No numbness. Severe pain for 6 - 7 days.
10 Saw M.D. 5 days ago and prescribed 'only steroids' without improvement. No urine/stool
11 incontinence, groin numbness, or weakness. No recent trauma, history of spinal fracture, fever,
12 chills, or cancer." According to the medical records for this visit, Patient A's pain was reported
13 as severe in the right hip and leg and worsening despite medications. According to the nursing
14 notes, Patient A was in distress. The physical examination noted positive straight leg raise with a
15 "no midline neck tenderness" and "normal right leg sensation" but otherwise no specific mention
16 of the back examination or motor findings are documented. Within the first hour of Patient A's
17 arrival, ice packs were applied and non-narcotic medications were prescribed.

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20 ⁷ Diabetes mellitus refers to a group of diseases that result in too much sugar in the blood
21 (high blood glucose).

22 ⁸ Peripheral neuropathy refers to weakness, numbness, and pain from nerve damage,
usually in the hands and feet.

23 ⁹ Diabetic ulcers are open wounds or sores usually found on the bottom of the feet.

24 ¹⁰ Hypertension refers to a condition in which the force of the blood against the artery
25 walls is too high (high blood pressure).

26 ¹¹ Hepatitis C refers to an infection caused by a virus that attacks the liver and leads to
inflammation.

27 ¹² Trochanter refers to any of two bony protuberances by which muscles are attached to
28 the upper part of the thigh bone.

14. On or about July 2, 2017, at approximately 5:49 p.m., approximately one hour after Patient A's arrival, she received her first dose of morphine¹³ pain medication, 8mg IV, every 20 minutes as needed for pain. Within 20 minutes, Patient A was documented as being restless and needing additional pain medications. Approximately two hours after her arrival, Patient A remained in pain. Respondent changed the morphine to hydromorphone¹⁴ and began with 1 mg, then increased to 2 mg every 20 minutes, as needed, for pain. By 3 hours after arrival, Patient A had received multiple doses of narcotics and reported pain of 9 out of 10 in severity. At approximately 10:21 p.m., Patient A was given another dose of hydromorphone 2 mg. Patient A's pulse remained elevated, suggesting she had continued pain and she reported pain level of 7 out of 10, thereafter.

15. On or about July 2, 2017, at approximately 9:09 p.m., J.S., RN, documented an oxygen saturation on room air of 76%, hypoxia.¹⁵ J.S., RN documented, among other things, "pt [Patient A] appears in no acute distress ... denies shortness of breath, denies dizziness. Respiratory function intact, lung sounds clear. Moved ... for better monitoring. Dr. Chacon-Lopez [Respondent] aware. Pt [Patient A] completely asymptomatic for respiratory issues as this time." At approximately 9:15 p.m., Patient A was noted to have an oxygen saturation of 93% on room air and 7 out of 10 on the pain severity scale. Two minutes later, at approximately 9:17 p.m., there is another documentation of 96% oxygen saturation, followed by another dose of

¹³ Morphine is a narcotic which can be used to treat moderate to severe pain.

¹⁴ Hydromorphone (Dilaudid®), an opioid analgesic, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain. The Drug Enforcement Administration (DEA) has identified hydromorphone, such as Dilaudid®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 37.) The Federal Drug Administration has issued black box warnings for Dilaudid® which warn about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress. The warnings also caution about the risks associated with concomitant use of Dilaudid® with benzodiazepines or other central nervous system (CNS) depressants.

¹⁵ Hypoxia refers to an absence of enough oxygen in the tissues to sustain bodily functions.

1 hydromorphone 2 mg IV. At approximately 9:35 p.m., Respondent placed an order for Percocet¹⁶
2 5/325 mg for 2 tablets as well as discharge instructions.

3 16. On or about July 2, 2017, at approximately 9:39 p.m., D.F., RN documented that she
4 prepared discharge instruction with taxi as the mode of transport. She found Patient A supine in
5 bed with discolored lips, and no evidence of her breathing. D.F., RN initiated chest
6 compressions. Code protocols were initiated with CPR, assisted respirations, Epinephrine,¹⁷ and
7 Naloxone.¹⁸ Within 10 minutes of being found to be unresponsive, Patient A had a return of
8 spontaneous circulation and was intubated. At approximately 10:15 p.m., Patient A had a brief
9 episode of ventricular arrhythmia,¹⁹ which resolved with amiodarone.²⁰ There was concern for
10 aspiration,²¹ which required antibiotics. The chest x-ray examinations, laboratory studies, and
11 electrocardiograms²² were performed after the cardiopulmonary arrest.²³ Patient A was
12 eventually stabilized and admitted to the intensive care unit.

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15 ¹⁶ Percocet® (oxycodone and acetaminophen), an opioid analgesic, is a Schedule II
16 controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a
17 dangerous drug pursuant to Business and Professions Code section 4022. When properly
18 prescribed and indicated, it is used for the management of moderate to moderately severe pain.
19 The Drug Enforcement Administration has identified oxycodone, as a drug of abuse. (Drugs of
20 Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) The Federal Drug Administration has
21 issued a black box warning for Percocet® which warns about, among other things, addiction,
22 abuse and misuse, and the possibility of "life-threatening respiratory distress."

19 ¹⁷ Epinephrine can be used to treat severe asthma attacks and allergic reactions in an
20 emergency situation.

21 ¹⁸ Naloxone is a narcotic which can be used to treat narcotic overdose in an emergency
22 situation.

22 ¹⁹ Ventricular arrhythmias are abnormal heart rhythms that make the lower chambers of
23 your heart twitch instead of pump.

24 ²⁰ Amiodarone can be used to treat heart rhythm problems.

25 ²¹ Aspiration refers to the action or process of drawing breath.

26 ²² An electrocardiogram records the electrical signals in your heart and is a common and
27 painless test used to quickly detect heart problems and monitor your heart's health.

28 ²³ Cardiopulmonary arrest is the cessation of adequate heart function and respiration and
results in death without reversal.

1 Medical Documentation

2 17. Respondent's medical documentation lacked sufficient details regarding key portions
3 of the physical examination(s) of Patient A, which are pertinent to her chief complaint(s),
4 specifically, Patient A's back and musculoskeletal examination. Regarding physical examination
5 of Patient A, Respondent noted, among other things, positive straight leg raise, without specific
6 mention about Patient A's ability to move her hip for abduction,²⁴ adduction,²⁵ or hip flexion.
7 There was no mention of motor findings in the knee and foot or whether there was asymmetry in
8 the legs. While the documentation stated, "no midline neck tenderness," there was no specific
9 mention of step-offs or midline tenderness of the lumbar or sacral spine, or tenderness in the
10 sciatic notch, especially given the concern for sciatica. In addition, documentation of "normal
11 right leg sensation" is present, without any mention about deep tendon reflexes.

12 Management of Patient A's Lower Back Pain

13 18. In the medical documentation regarding Patient A's lower back pain, it is noted,
14 among other things, "Right sciatica pain. No symptoms worrisome for spinal stenosis. No red
15 flags of back pain including fever, cancer history, history of traumatic injury. Pain controlled
16 with multiple doses of intravenous pain medication." This history was inadequate in that it did
17 not contain Patient A's fall from a ladder, a few days prior. The records do not indicate deep
18 tendon reflexes or lumbar spine examination. There is insufficient documentation of the
19 neurologic and musculoskeletal examination(s), if any. Despite the assertion that Patient A's pain
20 was "controlled," Patient A continued to report a pain level of 7 out of 10 in a 10 point pain scale,
21 at approximately 9:15 p.m. on July 2, 2017.

22 19. During the week preceding the July 2, 2017 visit with Respondent, Patient A had
23 multiple medications prescribed to her, including, but not limited to, prednisone, robaxin (muscle
24 relaxant), and opioid analgesic (Norco). While in the ER, Respondent prescribed ketorolac²⁶,

25 ²⁴ Abduction refers to the movement of a limb or other part away from the midline of the
26 body, or from another part.

27 ²⁵ Adduction refers to the movement of a limb or other part toward the midline of the body
28 or toward another part.

1 acetaminophen (non-opiate analgesic), and cold compresses. Nevertheless, Patient A's pain was
2 not controlled with these measures and Respondent ordered opioid analgesics for pain control.
3 Despite large doses of narcotics and Patient A's uncontrolled pain, Respondent failed to order
4 imaging studies such as a CT scan²⁷ and/or MRI.²⁸

5 Medication Management

6 20. Prior to presenting to Respondent on or about July 2, 2017, Patient A had been using
7 anti-inflammatory medications, muscle relaxants, and opiates. Respondent began with non-
8 opioid analgesics, ketorolac and acetaminophen and cold compress, then turned to opioids when
9 Patient A's pain was escalating despite these conservative measures. Respondent's first order of
10 narcotics was for Morphine 8 mg IV that was repeated after twenty (20) minutes, then escalating
11 doses of hydromorphone (Dilaudid). Ultimately, Respondent ordered 16 mg of intravenous
12 morphine for Patient A, followed by 7 mg of intravenous hydromorphone over less than four (4)
13 hours. Respondent's doses of morphine and hydromorphone were excessive and higher than the
14 manufacturers' recommendation, and were prescribed in rapid succession without proper
15 monitoring and/or adequate time intervals between the doses, which are needed to achieve
16 maximum benefits of the narcotics.

17 Arranging a Safe Discharge

18 21. At the time of her discharge from the emergency room, Patient A was sedated due to
19 multiple narcotic medications administered during her emergency department visit on or about
20 July 2, 2017. Respondent failed to arrange a safe discharge of Patient A, by, among other things,
21 failing to admit Patient A for continued monitoring of her respiratory status and/or prolonged
22 monitoring after the peak analgesic window of all of the narcotics had passed.

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24 _____
25 ²⁶ Ketorolac is a non-steroidal anti-inflammatory drug, which can be used to treat pain.

26 ²⁷ A computerized tomography (CT) scan combines a series of x-ray images taken from
27 different angles around your body and uses computer processing to create cross-sectional images
(slices) of the bones, blood vessels, and soft tissues inside your body.

28 ²⁸ Magnetic Resonance Imaging (MRI) is a medical imaging technique used in radiology
to form pictures of the anatomy and the physiological processes of the body.

22. Respondent committed gross negligence in his care and treatment of Patient A, which included, but was not limited to, the following:

(a) Respondent failed to provide adequate and/or complete management of Patient A's lower back pain; and

(b) Respondent's medication management and prescribing practices were inadequate and/or incomplete.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

23. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 107435 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patient A, as more particularly alleged herein:

24. Paragraphs 9 through 22, above, are hereby incorporated by reference and realleged as if fully set forth herein;

(a) Respondent failed to provide adequate and/or complete management of Patient A's lower back pain;

(b) Respondent's medication management and prescribing practices were inadequate and/or incomplete;

✓(c) Respondent's documentation of his care and treatment of Patient A was inadequate and/or incomplete; and

(d) Respondent failed to arrange a safe discharge for Patient A.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain in Adequate and Accurate Records)

25. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 107435 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding his care and treatment of Patient A, as more particularly alleged in paragraphs 9 through 24, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

1 **FOURTH CAUSE FOR DISCIPLINE**

2 **(General Unprofessional Conduct)**


3 26. Respondent has further subjected his Physician's and Surgeon's Certificate No.
4 A 107435 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged
5 in conduct which breaches the rules or ethical code of the medical profession, or conduct which is
6 unbecoming of a member in good standing of the medical profession, and which demonstrates an
7 unfitness to practice medicine, as more particularly alleged in paragraphs 9 through 25, above,
8 which are hereby incorporated by reference as if fully set forth herein.

9 **PRAYER**

10 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
11 and that following the hearing, the Medical Board of California issue a decision:

- 12 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 107435, issued
13 to Respondent Quetzalsol Felipe Chacon-Lopez, M.D.;
- 14 2. Revoking, suspending or denying approval of Respondent Quetzalsol Felipe Chacon-
15 Lopez, M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 16 3. Ordering Respondent Quetzalsol Felipe Chacon-Lopez, M.D., to pay the Board the
17 costs of the investigation and enforcement of this case, and if placed on probation, the costs of
18 probation monitoring; and
- 19 4. Taking such other and further action as deemed necessary and proper.

20
21 DATED: **MAR 04 2022**

22 
23 WILLIAM PRASIFKA
24 Executive Director
25 Medical Board of California
26 Department of Consumer Affairs
27 State of California
28 Complainant

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